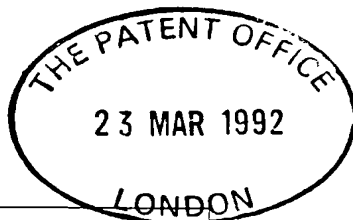


For official use



23 MAR 1992

Your reference  
QP92013

23 MAR 1992 11:05:024

PAT 1/77 UC

12 00

9206284.3

### Notes

Please type, or write in dark ink using CAPITAL letters. A prescribed fee is payable for a request for grant of a patent. For details, please contact the Patent Office (telephone 071-829 6910).

Rule 16 of the Patents Rules 1990  
The main rule governing the completion and filing of this form.

Ⓜ Do not give trading styles, for example, 'Trading as XYZ company', nationality or former names, for example, 'formerly (known as) ABC Ltd' as these are not required.

### Warning

After an application for a Patent has been filed, the Comptroller of the Patent Office will consider whether publication or communication of the invention should be prohibited or restricted under Section 22 of the Patents Act 1977 and will inform the applicant if such prohibition or restriction is necessary. Applicants resident in the United Kingdom are also reminded that under Section 23, applications may not be filed abroad without written permission unless an application has been filed not less than 6 weeks previously in the United Kingdom for a patent for the same invention and either no direction prohibiting publication or communication has been given, or any such direction revoked.

The  
Patent  
Office

## Request for grant of a Patent Form 1/77

Patents Act 1977

### 1 Title of invention

- 1 Please give the title  
of the invention

PRODUCTION OF ANTIBODIES

### 2 Applicant's details

#### ☐ First or only applicant

- 2a If you are applying as a corporate body please give:

Corporate name

THE WELLCOME FOUNDATION LIMITED

Country (and State  
of incorporation, if  
appropriate)

UNITED KINGDOM

- 2b If you are applying as an individual or one of a partnership please give in full:

Surname

Forenames

- 2c In all cases, please give the following details:

Address

UNICORN HOUSE, 160 EUSTON ROAD  
LONDON NW1 2BP, UNITED KINGDOM

- UK postcode  
(if applicable)

NW1 2BP

Country

UNITED KINGDOM

ADP number  
(if known)

1693003 1693005  
08

⑦ The answer must be 'No' if:

- any applicant is not an inventor
- there is an inventor who is not an applicant, or
- any applicant is a corporate body.

⑧ Please supply duplicates of claim(s), abstract, description and drawing(s).

Please mark correct box(es)

⑨ You or your appointed agent (see Rule 90 of the Patents Rules 1990) must sign this request.

Please sign here ➡

A completed fee sheet should preferably accompany the fee.

## ⑦ Inventorship

7 Are you (the applicant or applicants) the sole inventor or the joint inv

Please mark correct box

Yes ☐

No ☒

➡ **A Statement of Inventorship on Patents Form 7/77 will need to be filed (see Rule 15).**

## ⑧ Checklist

8a Please fill in the number of sheets for each of the following types of document contained in this application.

Continuation sheets for this Patents Form 1/77	<input type="text" value="0"/>
Claim(s)	<input type="text" value="0"/>
Description	<input type="text" value="26"/>
Abstract	<input type="text" value="-"/>
Drawing(s)	<input type="text" value="1"/>

8b Which of the following documents also accompanies the application?

Priority documents (please state how many)

Translation(s) of Priority documents (please state how many)

Patents Form 7/77 – Statement of Inventorship and Right to Grant (please state how many)

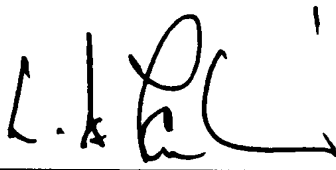
Patents Form 9/77 – Preliminary Examination/Search

Patents Form 10/77 – Request for Substantive Examination

## ⑨ Request

I/We request the grant of a patent on the basis of this application.

Signed



Date **15th July 1991**  
(day month year)

**Please return the completed form, attachments and duplicates where requested, together with the prescribed fee to:**

☐ **The Comptroller  
The Patent Office  
State House  
66–71 High Holborn  
London  
WC1R 4TP**

4 Agent's or applicant's reference number (if applicable) QP91025

### ⑤ Claiming an earlier application date

5 Are you claiming that this application be treated as having been filed on the date of filing of an earlier application?

Yes ☐ No ☒ **→ go to 6**



***please give details below***

number of earlier application or patent number

filing date

(day      month      year)

**and the Section of the Patents Act 1977 under which you are claiming:**

**Please mark correct box**

15(4) (Divisional) ☐ 8(3) ☐ 12(6) ☐ 37(4) ☐

**⑤ If you are declaring priority from a PCT Application please enter 'PCT' as the country and enter the country code (for example, GB) as part of the application number.**

*Please give the date in all number format, for example, 31/05/90 for 31 May 1990.*

### ④ Declaration of priority

6 If you are declaring priority from previous application(s), please give:

Country of filing	Priority application number <i>(if known)</i>	Filing date <i>(day, month, year)</i>
<p>21</p> <p>-----</p> <p>.....</p>		

**2d, 2e and 2f:** If there are further applicants please provide details on a separate sheet of paper.

☐ **Second applicant (if any)**

2d If you are applying as a corporate body please give:

Corporate name

Country (and State  
of incorporation, if  
appropriate)

2e If you are applying as an individual or one of a partnership please give in full:

Surname

Forenames

2f **In all cases**, please give the following details:

Address

UK postcode  
(if applicable)

Country

ADP number  
(if known)

**③** An address for service in the  
United Kingdom must be supplied

Please mark correct box

**③ Address for service details**

3a Have you appointed an agent to deal with your application?

Yes ☒ No ☐ → go to 3b

↓  
**please give details below**

Agent's name MICHAEL JOHN STOTT

Agent's address

Wellcome Research Laboratories  
Langley Court  
Beckenham , Kent

Postcode BR3 3BS

Agent's ADP  
number

133 757 5002

**3b:** If you have appointed an agent, all  
correspondence concerning your  
application will be sent to the agent's  
United Kingdom address.

3b If you have not appointed an agent please give a name and address in the  
United Kingdom to which all correspondence will be sent:

Name

Address

Postcode

ADP number  
(if known)

Daytime telephone  
number (if available)